



Online Workshop: Monkeypox preparedness & awareness

7 June 2022 Contact tracing tools

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National Institute for Communicable Diseases

Contact listing form

Case information

Name	Surname	Contact details	Address/Location	Sub-district	District	Province	Date of symptom onset (dd/mm/yyyy)

Contact information For all information pertaining to location, please list information on where the contact will be residing for the monitoring period should need arise

No	Name	Surname	Sex (M/F)	Age (yrs)	Relation to case	Date of last contact with case (dd/mm/yyyy)	Type of contact (1, 2, 3)*	Address/Location	City/Town	Sub- district	District	Province	Contact number	Occupation

*Types of contact

- 1 = Face-to-face exposure without wearing appropriate PPE
- 2 = Direct physical contact with skin/skin lesions (e.g. sexual)
- 3 = Contact with contaminated materials (e.g. clothing, bedding, utensils)

Person completing form:				
Name & Surname:	_Occupation:	_Contact number:	Date:	_ Facility name:

Contact monitoring tool

Details of monkeypox case

Name:	Surname:	Date o	of birth (dd/mm/yyyy):	Age (yrs):	Sex (M/F):
Details of contact (person un	der observation)				
Name:	Surname:	Da	ate of birth (dd/mm/yyyy):	Age (yrs):	Sex (M/F):
Address/Location:		Sub-district:	District:		Province:
Date of last contact with case	:	Place of last conta	act:	Relation to case	:
Type of contact (1, 2, 3):	Occupation:		Place of employment/S	chool:	
Details of observation officer	: Name & Surname:		Contact number	er:	Occupation:
Person completing the form s	hould initial daily in row 3 k	elow* - (next page) - may vary depend on type of monito	ring (passive, active	e or direct)**

** Passive monitoring: persons under observation self-monitor themselves

Active monitoring: health official checks at least once a day if a person under observation has self-reported signs/symptoms

Direct monitoring: health official conduct daily physical visit

Contact monitoring tool

Mark "Y" if symptom present and "N" if not. If self-monitoring, the person under observation should notify the observation officer if symptoms develops

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Date(dd/mm)																					
Seen by* initial																					
Fever if Y, indicate temperature if measured in below																					
am temperature																					
pm temperature																					
Headache																					
Chills																					
Sore throat																					
Muscle aches																					
Fatigue																					
Rash																					
Lymphadenopathy																					
Other (specify)																					